

Outreach

DIVISION OF DEVELOPMENTAL DISABILITIES NEWSLETTER 1999

Visit our Website at <http://www.wa.gov/dshs/ddd/index.html/>

Director's Corner

Timothy R. Brown, Ph.D.

Through this newsletter we are trying to reach all consumers eligible for services through the Division of Developmental Disabilities (DDD) and their families. It contains the most up to date and relevant information about supports and services provided by DDD.

Overall, 1999 has been a good year for DDD consumers and families. This year, the legislature added \$126 million beyond the current level funding to our budget for the 1999-01 biennium. Since 1992 DDD's budget has increased 43%, again showing the strong support of the Legislature. However, our caseload also grows; by the end of the biennium, it will have increased by 95% since 1992. Thus, the gap remains between service needs and available resources. Yet, opportunities are now open (described in this newsletter) that may be of assistance to you. Please read it carefully.

Let me wish you and your family the best during this holiday season and in the new year.

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our mission

The mission of the Division of Developmental Disabilities (DDD) is to endeavor to make a positive difference in the lives of people eligible for services, through offering quality supports and services that are: individual/family driven; stable and flexible; satisfying to

the person and their family; and able to meet individual needs. Supports and services shall be offered in ways that ensure people have the necessary information to make decisions about their options and provide optimum opportunities for success.

If your son or daughter with a developmental disability lives with you and you need additional support, ask your case manager to add your son or daughter's name to the waiting list for Family Support Opportunity. Both children and adults living with their families can qualify for this service.

FAMILY SUPPORT

The Family Support Opportunity program provides a wide range of supports to families caring for their disabled children. DDD wants to assist and stabilize families and encourage local communities to provide support for persons with developmental disabilities.

There are currently 2400 people on the waiting list. The legislature provided enough funding to add 1800 more families to the Family Support Opportunity program by June 2000, increase the respite care wages, and approve additional community grants to local community organizations to improve access to local programs for persons with developmental disabilities.

The Family Support Opportunity program provides a number of basic services in a very flexible manner:

- Case management
- Community guides
- Up to \$1200 year for short-term intervention services such as respite care, therapies, and other specialized services/equipment
- CAP Waiver and Medicaid eligibility
- Through Medicaid, access to Medicaid Personal Care for long-term support
- Emergency services

Community Guides

The assistance of a community guide is one of the services available under the Family Support Opportunity.

Who are community guides and what do they do?

DDD contracts with knowledgeable individuals in local communities to assist families on a short-term basis. Guides help families in a variety of ways, including establishing connections with others in the community. They may, for example, help the family get information on a variety of topics, assist in finding recreational activities for the child, or help in other areas where the family has a need.

If you are in the Family Support Opportunity, your case manager will help you locate a community guide and plan with you about how the guide's time might be used.

VOLUNTARY PLACEMENT/FOSTER CARE PROGRAM

July 1, 1999 marked the first anniversary of the transfer from Children's Administration (CA) to Division of Developmental Disabilities (DDD) of the DDD Children in voluntary out-of-home placement, due solely to the child's disability.

In July 1998, approximately 139 individuals with disabilities ages 18-21, transferred to DDD. DDD assumed responsibility for the budget for the program.

By October 1998, an additional 346 children and youth transferred to DDD for a total of 485.

- 50% of children in foster family homes
- 25% in group care arrangements
- 20% receiving in-home supports
- 5% in "other" placements

By September 1999, 560 children/youth were receiving services through the Voluntary Placement Program (VPP).

The program is in its infancy in terms of development. However, throughout this year, the care providers received payment for services; the social workers were trained; children, youth and their families were supported in their needs.

New referrals into the program are at the request of parents seeking out-of-home placement due to the child's disability. If there are neglect/abuse issues, Children's Administration is the placing authority.

VPP Services

- **Intensive in-home services** to support the child remaining within the structure of the home of the birth/adoptive parent.
- **Foster care** in homes licensed by DSHS.
- **Group Home care** in DSHS licensed facilities.
- **Shared Parenting**
DDD's VPP program is based on the concept of a joint parenting arrangement between the natural parent and the foster care provider. DD staff are working with involved parents to design a responsive program for families who need placement services.
- **Training for Foster parents**
"Positive Behavior Support" training was offered to all foster parents, in each region, throughout January – June 1999. This training was so popular, it is to be repeated and enhanced January – June, 2000.
In addition, a teleconference was held September 30, 1999, for all foster parents on the topic of "Special Education and foster parents participation: what do I need to know?"

For more information, call
Linda Gil at (360) 902-8440 or
by email at GILL@dsht.wa.gov

MEDICAID PERSONAL CARE (MPC)

Did you know that over 7,000 DDD adults and children currently receive personal care support through MPC?

The following personal care tasks can be paid for through MPC: eating, toileting, dressing, bathing, transfer, ambulation, body care, personal hygiene, positioning, self-medication, essential shopping, travel to medical services, laundry, housework, meal preparation, and supervision.

Did you know that MPC is an “entitlement” program?

In other words, there is no waiting list for MPC services if the following conditions exist:

- Medicaid eligibility under the Categorically Needy Program (CNP on the coupon);
- Extraordinary personal care needs as a result of a handicapping condition;
- Assessed personal care needs exceed what the available paid and unpaid persons in one’s life can provide.

Did you know that relatives can be the contracted as MPC providers?

The only Medicaid prohibitions against relative providers are spouses or parents of minor children (age 17 or younger).

Did you know that Medicaid rules do not allow payment for the following services within the MPC program?

- Teaching, including teaching to perform personal care tasks or community living skills;
- Services provided outside of the person’s home unless authorized in the written service plan;
- Developing social, behavioral, recreational, communication, or other types of skills;
- Companionship;
- Assisting/supporting other household members not eligible for MPC;
- Tasks requiring a licensed health professional. Unrelated providers may not be paid to do such things as g-tube feedings, medication administration, or insulin shots. Under certain circumstances, adult clients may be able to self-direct their individual provider to do medical tasks. See the following information on “Self-Directed Care”.

For more information, talk
with the MPC coordinator in
your region.



SELF-DIRECTED CARE

The 1999 legislature passed HB 1880 that established the concept of “self directed care.” The bill states the following intent:

“It is the intent of the legislature to clarify the right of adults with functional disabilities to choose to self-direct their own health-related tasks through personal aides, and to describe the circumstances under which self-directed care may take place in the home setting.”

What is self-directed care?

Self-directed care means the process by which an adult person, who is prevented by a functional disability from performing a manual function related to health care that an individual would otherwise perform for himself or herself, chooses to direct and supervise a paid personal care aide to perform those tasks.

- Tasks can include but are not limited to medical, nursing or home health services such as medication administration, bowel program, bladder catheterization, and wound care.
- The individual chooses to self-direct their care. The individual is responsible for:
 - a) Initiating the self-direction by informing the health care professional who has ordered the treatment, and
 - b) Training the personal aide.

If you receive in-home services from an individual provider and wish to initiate self-directed care, talk with your case manager.

RESIDENTIAL SERVICE TYPES

DDD eligible adults may receive residential services in a variety of ways.

- 1144 live in RHCs
- 3826 are served by DDD residential providers
- 515 in Alternative Living
- 42 in Tenant Support
- 921 in Supportive Living
- 1711 in Intensive Tenant Support
- 110 in state-run SOLAs
- 546 in DDD group homes
- 91 in IMRs
- 1114 in adult family homes
- 204 in adult residential centers
- 460 in nursing facilities

For more information, call your case manager.

For more information about
Employment Services call Mike
Ahern at (360) 902-0259 or by
email at AhernMR@dshs.wa.gov

For more information about
Supported Employment in State
Government call Gregg Ander-
son at (360) 902-8457 or by
email at AnderGF@dshs.wa.gov

Call this number and ask
for the name of the Family
Resources Coordinator in
your area.

*Healthy Mothers,
Healthy Babies Hotline at:*
1-800-322-2588
TTY 1-800-833-6388

ITEIP (360) 902-8488
Or visit the ITEIP WEB Site at:
www.wa.gov/dshs/iteip/iteip.html

EMPLOYMENT SERVICES

DDD provides day program/employment opportunities for adults age 21 and older. These services include individual supported employment, group supported employment, and pre-vocational services.

Funding for Unserved Adults

During the 97-99 biennium the Division has received funding to serve 360 individuals in day program/supported employment.

During the 99-01 biennium, the Division has received funding to serve 60 additional unserved adults in day program/supported employment. People are being phased-in over a nine-month period, and all 60 persons will be in service by March 2000.

Even with this additional funding, there will be at least 2,600 adults waiting for day program/supported employment.

Supported Employment in State Government

In July 1997 the state legislature created a program to encourage employment for person with developmental disabilities in state government.

DDD provides the needed on-the-job training and long-term support that enables these persons to be successfully employed. More than 35 persons with developmental disabilities have been hired by state agencies so far.

INFANT TODDLER EARLY INTERVENTION PROGRAM (ITEIP)

ITEIP assists families who have concerns about the development of their infant/toddler, age birth to three.

A Family Resources Coordinator (FRC) is available in each geographic area of the state to help families learn more about their child's development and early intervention services options.

If eligible, the family develops an Individualized Family Service Plan with the FRC that guides services related to the child's developmental needs as defined by the family and their early intervention team.

How do you know if your child has developmental needs?

How and when does your baby smile, roll over, sit up, crawl, walk, talk, and hold a cup? What you are seeing is how your child is growing through the different developmental stages.

If you have a question or a concern about your child's development, age birth to three: **Please ask. Babies can't wait!**

A DDD and MENTAL HEALTH DIVISION COLLABORATIVE WORKPLAN

DDD and the Mental Health Division share responsibility for individuals with developmental disabilities who are mentally ill. Both divisions also share a concern about the admission of some of these persons to state psychiatric hospitals for treatment.

A shared commitment to improve services for people with developmental disabilities and mental illness resulted in the establishment of a DDD/MHD Collaborative workgroup in January 1999.

This workgroup has proposed a three-phased plan to address the needs of DDD adults currently receiving services at Western State Hospital and mentally ill DDD adults living in the community. The plan addresses the development of a community infrastructure that will provide significantly more crisis prevention, diversion and placement capacity as well as a secure, intensive treatment setting in community based facilities.

- Phase 1 is currently underway.
- Phase 2 and 3 require legislative approval and funding, with projected implementation dates of July and November 2000.

For additional information or copy of the current plan, please contact Michelle Bauchman, DDD at (360) 902-0260 or by email at Bauchman@dshs.wa.gov

SERVICES FOR PERSONS LIVING WITH OLDER FAMILIES

DDD has received residential and day program funding for 51 persons living with and receiving support from elderly parents. These services will be phased in from October 1999 through June 2000. The specific number of persons to be served in each region has been based on the number of individuals with developmental disabilities within that region who are 40 years of age or older and living with parent or relative caregivers.

Supports that can be offered with this funding include intensive tenant support or supportive living services, day program services, and therapies. As of the end of October 1999 six persons have begun receiving services through this program.

For more information call your case manager.



RHC RESPITE

The Residential Habilitation Centers (RHCs) are located in Medical Lake (near Spokane), Yakima, Seattle, Buckley, and Bremerton. While long-term RHC placement is not an option at this time, RHC respite is an available service.

The RHCs have a total of 26 beds reserved for respite care:

- 16 Yakima Valley School,
- 4 at Rainier School,
- 2 at Fircrest School,
- 2 at Lakeland Village, and
- 2 at Frances Haddon Morgan Center.

Additional RHC vacancies are also available for respite use.

For the past few months, Fircrest School has been able to provide respite care to 10 individuals.

Yakima Valley School provided respite to an average of 6 persons per month for the past few months but during the summer served between 13 to 16 people month.

Frances Haddon Morgan Center has two respite beds which are always full and scheduled several months ahead of time.

There is a limit of 30 days per year for RHC respite care. Because almost all RHC residents are over the age of 18, use of RHCs for children under the age of 18 is limited to adolescents age 13 and older.

**Contact your DDD Case
Manager for more information.**

STAKEHOLDERS

The DDD Strategies for the Future Stakeholder Workgroup (SWG) was established by Secretary Quasim in 1997, "to develop recommendations on future directions and strategies for service delivery improvement, resulting in an agreement on the direction the Department should follow in considering the respective roles of the RHC's and the community programs, including a focus on the resources for people in need of services."

In 1998 the SWG and their initial recommendations, the "January 1998 Agreement in Principle", were placed into statute (RCW).

The SWG is currently developing "Phase 2" recommendations for the 2001-2003 legislative policy and budget process, as well as the December 2000 Report to the legislature. Their primary objective is to restructure Division service delivery within a "framework of self-determination". That is, to maximize the control each individual and their family have over the resources committed to their care. Major recommendations to the Division are due by June 2000.

**For more information, call
Linda Johnson at (360) 902-0200,
by email at JohnLS@dshs.wa.gov
or Scott Pelham at (360) 902-8453,
by email at PelhaSC@dshs.wa.gov**

PREPARING FOR Y2K

Due to what has been commonly referred to as “the Y2K computer problem”, there is uncertainty as to what will happen on January 1, 2000.

In general, the Y2K problem refers to concerns that some computer programs and other systems may not operate effectively into the next century.

Governor Locke has directed state agencies to ensure that the Year 2000 causes no disruption of vital public services.

Planning has been going on statewide to ensure that DD services are not disrupted and that the people we serve will be safe.

DDD staff, agencies, and institutions have been planning and making preparations for over a year to ensure that services are not disrupted and that DDD consumers remain safe.

Each of the 5 DDD RHC facilities has reviewed and updated disaster plans and contingency plans for events that might occur such as power outages. Each facility will have plenty of fuel, food, and other supplies on hand so no essential resident services will be disrupted.

In addition each RHC has had an outside engineering firm reviewing and testing all of the critical systems to ensure that no vital business functions are compromised

How can you prepare for Y2K?

While we all hope that nothing happens, it is always a good idea to be prepared for emergencies. The Red Cross suggests stocking disaster supplies to last a minimum of three days to a week for your household. This includes:

- non-perishable foods,
- an ample supply of prescription and nonprescription medications that you regularly use,
- first aid kit,
- flashlights and extra batteries,
- tools,
- items for sanitation,
- clothing and bedding,
- specialty items,
- important family documents,
- emergency telephone numbers,
- some extra cash or traveler’s checks,
- alternative cooking devices with manufacturer’s instructions.

DO NOT USE open flames or charcoal grills indoors.

Detailed Red Cross Supplies Kit Checklists are available in the main DSHS offices, in English as well as other languages.

Feel free to call your DDD case manager or DDD Y2K Coordinator if you have any questions or are concerned for the well-being of a person you know with developmental disabilities.

The Washington State Y2K-related internet site to explain efforts that the state has made to be Y2K ready:
<http://www.wa.gov/dis/2000>.

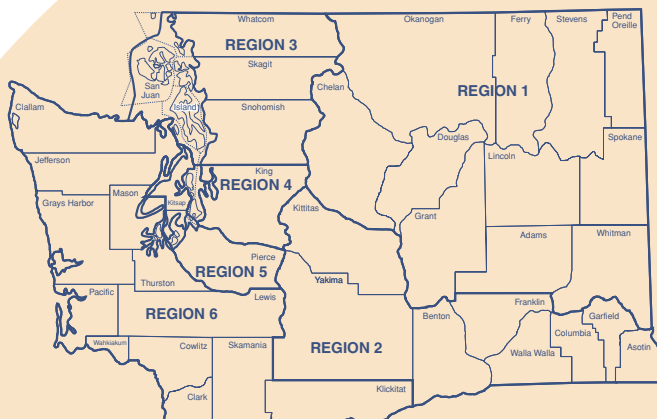
DDD Brochures

The following brochures are available through your local DDD office.

Publication Title	Publication Number
Who, What, Where, How DDD Supports and Services	DSHS 22-722
Opportunities for Choice flyer	DSHS 22-304
A Family's guide to Early Intervention Services in Washington State	DSHS 22-114
Parent's Rights - Washington State Infant Toddler Early Intervention Program for Children Birth to Three with Disabilities and their families	DSHS 22-091
Birth to Six - Prescreen Chart	DSHS 22-642
Please Ask - Babies Can't Wait	DSHS 22-889
Family Support Opportunity - Division of Developmental Disabilities	DSHS 22-264
DDD Voluntary Placement Foster Care Program - Who, What, Where, How?	DSHS 22-343
DDD Foster Care - Questions Kids Ask? Voluntary Placement Foster Care Program	DSHS 22-344x
Yakima Valley School - Respite Care	DSHS 22-262x
Frances Haddon Morgan Center	DSHS 22-979
Rainier School Poster	DSHS 24-115

Who do I call

for more information



Region 1: 1(800) 462-0624

Region 2: 1(800) 822-7840

Region 3: 1(800) 788-2053

Region 4: 1(800) 314-3296

Region 5: 1(800) 248-0949

Region 6: 1(800) 339-8227

State Advisory Committee “SAC”

The “SAC” is the DDD Director’s state advisory committee. This committee provides input and considered advice to the Director of the Division of Developmental Disabilities to ensure and enhance the quality of life for people with developmental disabilities.

The “SAC” is comprised of no more than 24 individuals with developmental disabilities or parents of individuals with developmental disabilities. Members are from every part of Washington State and represent a wide variety of individual (not organizational) experiences and viewpoints. The 1999-2000 Co-Chairs are Bill Anderson of Woodinville, Jill Carpenter of Yelm, and Ron Helgeson, Jr. of Spokane. They share responsibilities for setting agendas and managing committee business.

The “SAC” meets at least six times per year in SeaTac (near the airport) or in Olympia (during the months that the Legislature is in session). DDD covers the members’ costs for any required travel, lodging, or meals. Member terms are for three years and a maximum of two consecutive terms.

Because a number of members have completed their terms of service, the “SAC” currently has several openings. If you are interested in applying to be SAC member, please send in the attached form. Upon receipt of this form, you will be sent additional membership application information. The current SAC members review SAC applicants and the Co-Chairs will make formal recommendations to the Division Director, Dr. Timothy R. Brown.

For more information, contact Tracy Clark at 360-902-8434 or e-mail at CLARKTL2@dshs.wa.gov

Please send 

me a DDD State Advisory Committee member application.

Name _____

Address _____

Home Phone _____ Business Phone _____

Email _____

☐

I am a person with developmental disabilities.

☐

I am the parent of a person with developmental disabilities.

Mail to: Tracy Clark, PO Box 45310, Olympia, WA 98504-5310

DID YOU KNOW?

DDD has an internet WEB site with information about services, budget, Rules and Laws, and other links. Our address is: <http://www.wa.gov/dshs/ddd/index.html>

At age 18 SSI and Medicaid eligibility no longer consider the parent/family income. Eligibility is based on only the applicant's disability, income, and resources.

When a disabled adult is transferred from SSI to SSA as a "disabled adult child" (due to the disability, retirement, or death of a parent) he/she maintains their Medicaid eligibility under the categorically needy program.

There may be employment funding at age 21 for DD Special Ed graduates. Begin transition planning with your case manager during the last semester of high school.

Individual Providers are employed by the client/family. As the employer, the client/family is responsible for the hiring, management, and firing of their provider.

The client/family should be signing the provider's attendance record to ensure that the hours billed and paid for are actually provided.

Family Support is not only for families of children. It is available to any parent living with a DDD person of any age.

Individual providers must file and pay their own federal income tax. DSHS withholds only the social security taxes of the provider.

DSHS/DDD pays the employer's share (the client's share) of the FICA/FUTA for the individual providers. There is no L&I coverage for individual providers.

MPC providers may be eligible for Basic Health Plan benefits for only a \$10 copay. For more information call 1- 800-826-2444.

DDD keeps data on "unmet" needs as reported by persons or families. This may be a request for a different service or more of a current service.

DDD Case Managers will not know what you need if you don't tell them.

DDD eligibility does not guarantee paid services.



Division of Developmental Disabilities
State of Washington
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
Olympia WA 98504-5310